

#### DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING

<u>Division of Licensing and Protection</u> HC 2 South, 280 State Drive

Waterbury, VT 05671-2060 http://www.dail.vermont.gov

Survey and Certification Voice/TTY (802) 241-0480

Survey and Certification Fax (802) 241-0343

Survey and Certification Reporting Line: (888) 700-5330

To Report Adult Abuse: (800) 564-1612

January 24, 2023

Mr. Isaac Spilman, Administrator Elderwood At Burlington 98 Starr Farm Rd Burlington, VT 05408-1396

Dear Mr. Spilman:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **December 28, 2022.** Please post this document in a prominent place in your facility.

We may follow-up to verify that substantial compliance has been achieved and maintained. If we find that your facility has failed to achieve or maintain substantial compliance, remedies may be imposed.

Sincerely,

Pamela M. Cota, RN

Lamela M CotaRN

Licensing Chief

PRINTED: 01/13/2023 FORM APPROVED OMB NO. 0938-0391

		MEDICAID SERVICES			OMB NO. 0938-0391	
	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL <sup>*</sup> A. BUILDI	TIPLE CONSTRUCTION NG	(X3) DATE SURVEY COMPLETED	
		475030	B. WING		C 12/28/2022	
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				BURLINGTON, VT 05408		
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F <b>6</b> 00	of 1 complaint on 12/2	unced onsite investigation 7 & 12/28/2022, The ficiencies were identified stigation.		The facility wishes to have this plan correction stand as its written plan compliance. Our date of compliance January 20, 2023. Preparation and execution of this does not constitut admission or agreement with the existence of or scope and severity cited deficiencies. This plan is preparation and/or executed to ensure compliation with regulatory requirements.	of ce is d/or te an of the pared	
	§483.12 Freedom from Exploitation The resident has the rineglect, misappropriat and exploitation as de includes but is not limit corporal punishment, if any physical or chemic treat the resident's me §483.12(a) The facility §483.12(a) (1) Not use physical abuse, corport involuntary seclusion; This REQUIREMENT by: Based on record reviet facility failed to ensure from neglect for 1 of 5 (Resident #1). Finding: Per record review, Rest the facility on 3/22/202 hospital following a sm	ight to be free from abuse, ion of resident property, fined in this subpart. This ted to freedom from involuntary seclusion and cal restraint not required to dical symptoms.  must-  verbal, mental, sexual, or all punishment, or is not met as evidenced we and interviews, the that residents were free residents reviewed is include:  ident #1 was admitted to 2 from an acute care all bowel obstruction exploratory laparotomy		F600- Freedom from Abuse, Neglect, Exploitation Resident #1 allegations of neglect we immediately addressed the resident ron 12/20/22 with new medication ordenext daily dose to be administered 12 Resident had stat labs on 12/27/22. Resident remains on medication with up labs for 1/18/23 and was seen by provider on 12/28/22.  To identify other residents' potential in by this deficient practice an audit of all residents receiving medication that reintermittent lab levels for dose adjusting were reviewed and labs were ordered MD. All transitions of care for any new admission starting 12/9 to 1/13/2023 or reviewed for any stop date orders for medication with no additional findings. To ensure that the deficient practice direcur an admission checklist was instition 1/1/23, which includes a third check conducted by the DON of all transition within 24-48 hours	ere eturned ers with //21/22.  follow the  npacted I quires nents d as per v vere . oes not tuted k being	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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1/17/23

(X6) DATE

CENTERS FOR MEDICARE & MEDICAID SERVICES

1	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD		CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		475030	B. WING			C <b>12/28/2022</b>
	PROVIDER OR SUPPLIER			98	TREET ADDRESS, CITY, STATE, ZIP CODE 8 STARR FARM RD URLINGTON, VT 05408	12/20/2022
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F 600	and is taken indefinite change over time). Up facility the Transition of hospital indicated the take the Levothyroxine physiclan saw the resi and noted the Hypothy indicated the condition there were currently not disease present. The Thyroid Stimulating Hoon the next laboratory dosing of Levothyroxine value and will continue work. The resident di TSH drawn on 3/29, 500 none of those labs were the therapeutic range of 6/15/2022 did indicate been reached.  The resident went out 7/21/2022 returning on resident returned to the Levothyroxine 100 mcg. The facility has a system are to verify that orders them into the resident anything about the fact only prescribed for a 30 despite the fact that treis lifelong.	tion was treated with g a day (a medication thyroid hormone Thyroxine ly, although the dose may be on admittance to the of Care (TOC) from the resident should continue to e. On 3/23/2022 the facility dent for an admission visit proidism Diagnosis and a was well-managed, and on symptoms of thyroid physician ordered a some (TSH) test to be draw (lab) draw and will adjust the as needed based on lab at the facility of the lab work including a lab draw on the therapeutic level had to the hospital on the therapeutic level had to the hospital on the facility the TOC indicated a day for only 30 days. In in place that 2 nurses are correct before placing record, neither nurse noted at that the Levothyroxine for	F	600	The corrective actions will be monit by a weekly audit of all transitions of care and admission checklists for forweeks. Then random audits of transitions of care and admission checklist monthly for three months of until substantial compliance is achieved.  Results of these audits will be brought to the QAPI committee for review monthly for 3 months.  The Director of Nursing is responsite for this plan of correction.  Substantial compliance will be achied by Jan 20, 2023.	f our or ght

	TEMENT OF DEFICIENCIES (X1) PROVIDER/SLIPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION DEFICIENCY DEFICIENCIES DEFICI		(X3) DATE SURVEY COMPLETED		
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	TOC and to go ahead clarification was need Therapy (IV) Protonix gastroesophageal-refithe facility does not pilly. There was no me Levothyroxine was on On 8/1/2022 the NP's readmission visit and under the current med 150mcg a day. The N medication reconciliat and that diagnostic test During this visit the reto the hospital for conconstipation and recur the resident was trans. The resident returned TOC indicated Levothyonly. On 8/6/2022 and from the TOC over the provider and no change made at that time, destevothyroxine was only the previous 7/29/2022 the hospital. A second orders for accuracy.  On 8/29/2022 the resident returned TOC indicated Levothyroxine was only the previous 7/29/2022 the hospital. A second orders for accuracy.  On 8/29/2022 the resident returned TOC indicated Levothyroxine 1 physician order on the the medication droppe Administration Record is no evidence in the E(EMR) of anyone questions.	P) stated s/he had seen the with the order, but ed for the Intravenous (a medication used to treat flux-disease - GERD) since rovide that medication as an intion of the fact that the lay ordered for 30 days.  aw the resident for a documented incorrectly dications list - Levothyroxine IP also documented that a ion had been completed sting had been reviewed. Sident requested to return tinued issue with the rent episodes of SBO and ported to the hospital.  on 8/6/2022 and again the groxine 100mcg for 30 days curses reviewed the orders aphone with the on-call less to the orders were pite the fact that the lay ordered for 30 days from 2 date of discharge from dinurse also reviewed the odders also reviewed the dent received her last dose 00mcg per the 30-day TOC from the hospital and	F6		

	to Fort Medical Tree					1
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED
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F 600	regular visit and again that the current medic Levothyroxine 150mc documented that a me been completed and t been reviewed. On 8/11, 9/7, 10/6, 11/ consultant pharmacist	saw the resident for a documented incorrectly rations included g a day. Again, the NP redication reconciliation had hat diagnostic testing had 12/5/2022 the conducted the required	F	600		
1	dates documented "not time", despite the fact only 30 days of Levoth the resident was no lo Levothyroxine as of 8/ with Levothyroxine is I without Levothyroxine 30 days in September	eview and on each of these or recommendations at this the TOC incorrectly listed hyroxine in July 2022 and nger receiving 30/2022, and that treatment ifelong. The resident went for 2 days in August 2022, 2022, 31 days in October ember 2022 and 19 days in				
	The physician at the hinpatient admittance, it was consulted becaus be overtly hypothyroid, a very high TSH level a Thyroxine level (Free there was concern that					
	the resident was diagn and Pericardial Effusio	ospitalization also showed osed with Parainfluenza n which was likely in the state given viral infection				

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDI		ECONSTRUCTION	(X3) DATE SURVEY COMPLETED
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F 600	be bradycardic likely a hypothyroidism. Leve a request for follow up to monitor the Thyroxi returned to the facility the facility at present a been done to monitor interview with the phyresident at the hospital Levothyroxine continuathreatening and quite	oridism. S/he was found to a reflection of his/her of thyroxine was restarted and or laboratory testing be done line levels. The resident was on 12/20 and remains in and laboratory testing has Thyroxine levels. Per sician who treated the lal, had this lack of led it could have been life possibly had the resident's therapeutic range the	Fe	600	Tag F 600 POC Accepted 1/24/23 b	y L.Lovell/P.Cota
F 711 SS=G	12:15pm the acting Diconfirmed that there we the NP and the pharm Levothyroxine was nothere was a system faineglect.  Per review of this reconfirmed there was a facility multiple medical neglect of Resharm as a result. See and F760 for more det Physician Visits - Revictor CFR(s): 483.30(b)(1)-(\$483.30(b) Physician Matter Physician must-\$483.30(b)(1) Review	ew Care/Notes/Order (3)  Visits  the resident's total program ications and treatments, at	F 7	'11		

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	superior of the state of the st	ign, and date progress d  d date all orders with the and pneumococcal be administered per cility policy after an indications.  is not met as evidenced ew and staff interview, the ure that the onsite review of gram of care included econciliation and monitoring 5 residents (Resident #1).  sident #1 was admitted to 2 from an acute care hall bowel obstruction in exploratory laparotomy ted stercocolitis. The inding diagnosis of dition in which the thyroid enough thyroid ion was treated with a day (a medication hyroid hormone Thyroxine y, although the dose may on admittance to the care (TOC) from the esident should continue to to n 3/23/2022 the facility	F 711	F711 Physician Visits Resident #1 returned on 12/20/22 wit medication orders with next daily dose administered 12/21/22. Resident had on 12/27/22. Resident remains on me with follow up labs for 1/18/23. Resident #1 was seen on 12/28/23 by medical director.  To identify other residents potentially i by this deficient practice an audit of all receiving medication that requires inte lab levels for dose adjustments were rand labs were ordered as per MD. Nestanding lab orders for admissions, lat for long term care residents, and there drug lab intervals, were created in PC specified by Medical Director.  The following measures will be put into ensure that the deficient practice does A resident Med Review Report will be printed for all mandated visits per pwill be required to be signed by the process and ensure each providers will be educated on the Med Review Process and ensure each providers will be audited to ensure compliar resident profile review and order reconthis audit will be conducted weekly for then monthly for 3 months.	e to be stat labs edication  the  mpacted residents rmitten eviewed o intervals apeutic C as  o place to not recur.  olicy and ovider current edical ication vider  vider nce with ciliation. 4 weeks
1	and noted the Hypothy	lent for an admission visit roidism Diagnosis and was well-managed, and		Results of these audits will be brought QAPI committee monthly for review for months with remedial action taken as	

there were currently no symptoms of thyroid

necessary. DOC 1/20/23

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING		(X3) DATE SURVEY COMPLETED
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Thyroid Stimulating on the next laborato dosing of Levothyro: value and will contin work. The resident TSH drawn on 3/29, none of those labs with the therapeutic rang 6/15/2022 did indicate been reached.  The resident went of 7/21/2022 returning resident returned to Levothyroxine 100m On 7/29/2022 a nurs medications were en Nurse Practitioner (N TOC and to go ahea clarification was need the facility does not provide the facility does not provide the Levothyroxine days.	the physician ordered a Home (TSH) test to be draw by (lab) draw and will adjust kine as needed based on lab ue to follow with periodic lab did have lab work including a 5/18 and 5/23/2022, and there indicative of levels within the and finally a lab draw on the the therapeutic level had  at to the hospital on on 7/29/2022. When the the facility the TOC indicated tog a day for only 30 days. the documented that all TOC tered into the system and the in stated s/he had seen the	F 71		
readmission visit and under the current me 150mcg a day. The s/he had spent 40 mi that a medication recompleted and that d reviewed. The note a care was reviewed, a plan. During this visi	documented incorrectly dications list - Levothyroxine NP also documented that nutes on patient care and			

CENTERS FOR MEDICARE &	MEDICAID SERVICES

	ATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION D PLAN OF CORRECTION IDENTIFICATION NUMBER: A BUILDING			(X3) DATE SURVEY COMPLETED		
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	The resident was trained to the resident returned TOC indicated Levo only. On 8/6/2022 afrom the TOC over the provider and no chain made at that time, do Levothyroxine was of the previous 7/29/20 the hospital.  On 8/29/2022 the resident of the Levothyroxine physician order on the medication dropp. Administration Recombination is no evidence in the (EMR) of anyone question that is required to be longer ordered.  On 9/30/2022 the NF regular visit and again that the current medication that the patient care and that had been completed had been reviewed a reviewed, and s/he at The resident went with days in August 2022,	current episodes of SBO and insported to the hospital.  Ind on 8/6/2022 and again the athyroxine 100mcg for 30 days increase reviewed the orders he phone with the on-call inges to the orders were espite the fact that the entry ordered for 30 days from 22 date of discharge from 22 date of discharge from 30-day in ToC from the hospital and old off the Medication and (MAR) at that time. There Electronic Health Record estioning why the medication, taken indefinitely was no 2 saw the resident for a in documented incorrectly cations included and spent 40 minutes on a medication reconciliation and that diagnostic testing and that the plan of care was greed with the plan.	F 7	1	CY)	
	2022 and 19 days in resident returned to t	022, 30 days in November December 2022, when the he hospital and laboratory nigh TSH level and an				

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1	was no evidence on h the facility that s/he w she had previously be		F7	711	Tag F 711 POC Accepted 1/24/23 b	y L.Lovell/P.Cota
at the hospital.  The December 2022 hospitalization also showed the resident was dlagnosed with Parainfluenza and Pericardial Effusion which was likely in the setting of inflammatory state given viral infection versus overt hypothyroidism. S/he was found to be bradycardic likely a reflection of his/her hypothyroidism. Levothyroxine was restarted and a request for follow up laboratory testing be done to monitor the Thyroxine levels. The resident was returned to the facility on 12/20 and remains in the facility at present and laboratory testing has been done to monitor Thyroxine levels. Per interview with the physician who treated the resident at the hospital, had this lack of Levothyroxine continued it could have been life threatening and quite possibly had the resident's Thyroxine been in the therapeutic range the December hospitalization could have been avoided.		nosed with Parainfluenza on which was likely in the y state given viral infection bidism. S/he was found to a reflection of his/her thyroxine was restarted and a laboratory testing be done he levels. The resident was on 12/20 and remains in and laboratory testing has Thyroxine levels. Per sician who treated the I, had this lack of ed it could have been life possibly had the resident's therapeutic range the				
1 c d o L tt	2:15pm the acting Directorismed that the NP documented the dose occasions and appeared evothyroxine had drop the resident was no loredication.	of Levothyroxine on 2 ed unaware that the pped off the MAR and that	F 7	56		
	Orug Regimen Review CFR(s): 483.45(c)(1)(2		F 7	56		

OFMILL	O TOTAL DIOTAL C	TEDIONID OF TALOED			CIVID ITC. WOOD COO.
STATEMENT OF DEFICIENCIES (X AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIF	PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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	must be reviewed at licensed pharmacist.  §483.45(c)(2) This revof the resident's media §483.45(c)(4) The phairregularities to the att facility's medical direct and these reports must (i) Irregularities including that meets the crod) of this section for a during this review must separate, written repoattending physician ard director and director and director on minimum, the resident and the irregularity the (iii) The attending physician should docut the resident's medical recirregularity has been traction has been taken be no change in the mphysician should docut the resident's medical §483.45(c)(5) The faci maintain policies and pure gregimen review the	men Review.  Ig regimen of each resident east once a month by a view must include a review cal chart.  Formacist must report any ending physician and the tor and director of nursing, st be acted upon.  Ide, but are not limited to, any iteria set forth in paragraph in unnecessary drug.  Total by the pharmacist is be documented on a ret that is sent to the individual of nursing and lists, at a reparamacist identified. Sician must document in the cord that the identified eviewed and what, if any, to address it. If there is to edication, the attending ment his or rationale in record.	F 75	F756 Drug Regimen Review, report Act on Resident #1 had a pharmacy review on 1/3/2023 with no new recommen Resident #1 returned on 12/20/22 w medication orders with next daily do administered 12/21/22. Resident had on 12/27/22. Resident remains on rewith follow up labs for 1/18/23 and with the provider on 12/28/22.  To determine other residents at risk, wide audit was conducted on all admisince Dec 1 to verify all admission of have 30 day stops on long term med All residents receiving medication the intermittent lab levels for dose adjust reviewed and labs were ordered as a The following measures will be put in ensure that the deficient practice does the pharmacist was reeducated to rediagnoses with medications with each medication review.  To monitor the corrective action all precommendations will be audited to compliance with review of all medica 30 day stop dates. This audit will be weekly for 4 weeks for all new admissmonthly for 3 months for long term received these audits will be brough QAPI committee monthly for review months with remedial action taken as necessary.	a house nissions are requires ments were our MD. not place to pas not recur, eview the harmacy ensure tions with conducted sides and esidents.
23	when he or she identifi requires urgent action	the pharmacist must take es an irregularity that to protect the resident. is not met as evidenced		The Director of Nursing is responsible plan of correction.  Substantial compliance will be achieved 1/20/23	

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE SURVEY COMPLETED
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F 756	Licensed Pharmacist irregularity was identificated facility for 1 of 5 resid Findings include:	ew and interview, the failed to ensure that an fied and reported to the ents reviewed (Resident #1)	F 756		
	the facility on 3/22/20 hospital following a sr (SBO) necessitating a secondary to a performance of the product	nall bowel obstruction in exploratory laparotomy ated stercocolitis. The anding diagnosis of indition in which the thyroid dee enough thyroid tion was treated with g a day (a medication thyroid hormone Thyroxine ly, although the dose may pon admittance to the of Care (TOC) from the resident should continue to e. On 3/23/2022 the facility dent for an admission visit yroidism Diagnosis and in was well-managed, and of symptoms of thyroid physician ordered a ome (TSH) test to be draw (lab) draw and will adjust the as needed based on lab e to follow with periodic lab d have lab work including a /18band 5/23/2022, and re indicative of levels within and finally a lab draw on the therapeutic level had			

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LLDLING	JOB AT BOILENOTON		BUF	BURLINGTON, VT 05408				
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	resident returned to the Levothyroxine 100mc On 7/29/2022 a nurse medications were ent Nurse Practitioner (NITOC and to go ahead clarification was need Therapy (IV) Protonix gastroesophageal-refit the facility does not provide to go and returned TOC indicated Levoth only. On 8/6/22 a nur from the TOC over the provider and no change made at that time, destevothyroxine was on the previous 7/29/2022 the hospital.  On 8/29/2022 the residual of the Levothyroxine 1 physician order on the the medication droppe Administration Record is no evidence in the E (EMR) of anyone quest that is required to be talonger ordered.	n 7/29/2022. When the me facility the TOC indicated g a day for only 30 days. In documented that all TOC ered into the system and the P) stated s/he had seen the with the order, but ed for the Intravenous (a medication used to treat lux-disease - GERD) since rovide that medication as an intion of the fact that the lly ordered for 30 days.  Asin went to the hospital on all on 8/6/2022 again the groxine 100mcg for 30 days see reviewed the orders expite the fact that the ly ordered for 30 days from 2 date of discharge from the hospital and doff the Medication (MAR) at that time. There electronic Health Record stioning why the medication, asken indefinitely was no	F 756	DEFICIENCY)				
		egime Review on 8/11, 9/7, 22. Part of the Medication						

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A, BUILDING		(X3) DATE SURVEY COMPLETED		
		475030	B. WING		C 12/28/2022		
NAME OF PROVIDER OR SUPPLIER  ELDERWOOD AT BURLINGTON			98	TREET ADDRESS, CITY, STATE, ZIP CODE 8 STARR FARM RD URLINGTON, VT 05408	12/20/2022		
(X4) ID PREFIX TAG			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	ECTIVE ACTION SHOULD BE COMPLETION DATE		
	report irregularities. Opharmacist document this time", despite the listed only 30 days of and the resident was Levothyroxine as of 8 with Levothyroxine is  The resident went with days in August 2022, 31 days in October 2022 and 19 days in Eresident returned to the tests showed a very hundetectably low Thyr While at the hospital the was no evidence on he facility that she was ta had previously been to the hospital.  The December 2022 he hospital Effusions setting of inflammatory versus overt hypothyrobe bradycardic likely and hypothyroidism. Levola request for follow up to monitor the Thyroxin returned to the facility the facility at present a been done to monitor interview with the physresident at the hospital.	on each of these dates the ed "no recommendations at fact the TOC incorrectly Levothyroxine in July 2022 no longer receiving /30/2022, and that treatment lifelong.  Inout Levothyroxine for 2 and days in September 2022, 122, 30 days in November 2022, 124, 30 days in November 2022, 125, 30 days in November 2022, 126, 30 days in November 2022, 127, 30 days in November 2022, 128, 30 days in November 2022, 30	F 756				
	•	ed it could have been life possibly had the resident's therapeutic range the					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A, BUILDING			
			A. BOILDING		С		
475030		B, WING	and the second country of the second of the	12/28/2022			
NAME OF PROVIDER OR SUPPLIER  ELDERWOOD AT BURLINGTON			9	STREET ADDRESS, CITY, STATE, ZIP CODE 38 STARR FARM RD BURLINGTON, VT 05408	da.		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	OULDBE COMPLETION		
F 760	Per interview on 12/27/2022 at approximately 12:15pm the acting Director of Nursing (DNS) confirmed that the pharmacist did not report any irregularities to the facility for the 5 monthly Medleation Regime Reviews that were conducted during the time that the Levothyroxine was not being given to the resident.  F 760 Residents are Free of Significant Med Errors SS=G CFR(s): 483.45(f)(2)  The facility must ensure that its-§483.45(f)(2) Residents are free of any significant medication errors.  This REQUIREMENT is not met as evidenced by:  Based on interview and record review, the facility failed to ensure 1 of 5 applicable residents (Resident #1) are free of significant medication errors. Findings include:  Per record review, Resident #1 was admitted to the facility on 3/22/2022 from an acute care hospital following a small bowel obstruction (SBO) necessitating an exploratory laparotomy secondary to a perforated sterococilitis. The resident has a long-standing diagnosis of Hypothyroidism (a condition in which the thyroid gland does not produce enough thyroid hormone). This condition was treated with Levothyroxine 100mcg a day (a medication replacing the missing thyroid hormone Thyroxine and is taken indefinitely, although the dose may change over time). Upon admittance to the facility the Transition of Care (TOC) from the hospital indicated the resident should continue to		F 756	Tag F 756 POC Accepted 1/24/23 by L.Lovell/P.Co. F760 Residents are free of significant med errors Resident #1 returned on 12/20/22 with new medication orders with next daily dose to be administered 12/21/22. Resident had stat labs on 12/27/22. Resident remains on medication with follow up labs for 1/18/23. To identify other residents' potential impacted by this deficient practice an audit of all residents receiving medication that requires intermittent lab levels for dose adjustments were reviewed and labs were ordered as per MD. All transitions of care for any new admission starting 12/9 to 1/13/2023 were reviewed for any stop date orders for medication with no additional findings. To ensure that the deficient practice does not recur an admission checklist was instituted on			
				DON of all transition of care within 24-hours.  The corrective actions will be monitor weekly audit of all transitions of care a admission checklists for four weeks. random audits of transitions of care at admission checklist monthly for three or until substantial compliance is achieved. Results of these audits will be brought QAPI committee for review monthly formonths.  The Director of Nursing is responsible plan of correction.  Substantial compliance will be achieved. 1/20/23.	ed by a and Then nd months eved.  It to the or four		

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CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  475030				IPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
					С
		475030	B. WING		12/28/2022
NAME OF PROVIDER OR SUPPLIER				STREET ADDRESS, CITY, STATE, ZIP CO	DE
				98 STARR FARM RD	
ELDERW	OOD AT BURLINGTON			BURLINGTON, VT 05408	
(X4) ID		TATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF C	
PREFIX TAG	IX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		PREFIX TAG	( (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	IÉ APPROPRIATE DATE
F 760	Continued From page	e 14	F 7	760	
	take the Levothyroxin	ne. On 3/23/2022 the facility	į:		
	•	sident for an admission visit			
		nyroidism Diagnosis and			
		n was well-managed, and			
		no symptoms of thyroid			
	disease present. The	e physician ordered a			
	Thyroid Stimulating Home (TSH) test to be draw				
	on the next laboratory (lab) draw and will adjust			A.	
	dosing of Levothyroxine as needed based on lab				
	value and will continue to follow with periodic lab				
	work. The resident did have lab work including a				
		5/18, and 5/23/2022, and			
		were indicative of levels			
		range and finally a lab draw cate the therapeutic level			(3)
	had been reached.	cate the therapeutic level			
	nad been rederied.				
	The resident went out	to the hospital on			
	7/21/2022 returning o	n 7/29/2022. When the			
	resident returned to the	ne facility the TOC indicated			
		g a day for only 30 days.			
		em in place that 2 nurses			
	•	rs are correct before placing			*
		record, neither nurse noted			
	, ,	ct that the Levothyroxine for			
	only prescribed for a 3	eatment with Levothyroxine			
	is lifelong.	earnent with Levothyroxine			
	On 7/29/2022 a nurse	documented that all TOC			
	medications were ente	ered into the system and the			
	Nurse Practitioner (NF	) stated s/he had seen the			
	TOC and to go ahead with the order, but				"
	clarification was need				
		(a medication used to treat			
		ux-disease - GERD) since			10
		ovide that medication as an			
		ntion of the fact that the			v ×
	Levothyroxine was on	ly ordered for 30 days.			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED	
		.=				С	
		475030	B. WING			12/28/2022	
NAME OF PROVIDER OR SUPPLIER  ELDERWOOD AT BURLINGTON			STREET ADDRESS, CITY, STATE, ZIP CODE 98 STARR FARM RD BURLINGTON, VT 05408				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE		
	LDERWOOD AT BURLINGTON  (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		F 7	60			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT	PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
			A. BOILDIN		С
		475030	B. WING		12/28/2022
NAME OF PROVIDER OR SUPPLIER				STREET ADDRESS, CITY, STATE, ZIP CODE	
				98 STARR FARM RD	1
ELDERW	ELDERWOOD AT BURLINGTON			BURLINGTON, VT 05408	
(X4) ID PREFIX TAG	EFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFIX TAG	PROVIDER'S PLAN OF COI (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE COMPLETION
F 760	Continued From page	e 16	F 7	60	
	been reviewed.				
	consultant pharmacis	1/8 and 12/5/2022 the t conducted the required			
		Review and on each of these or recommendations at this			П
		t the TOC incorrectly listed thyroxine in July 2022 and			
	the resident was no lo	•			
	Levothyroxine as of 8 with Levothyroxine is	/30/2022, and that treatment lifelong.			1
	The resident went wit	hout Levothyroxine for 2			
	31 days in October 20	30 days in September 2022, 022, 30 days in November			
	resident returned to the	December 2022, when the ne hospital and laboratory			
	tests showed a very hundetectably low Thy	ligh TSH level and an roxine level (Free T4).			
	There was concern the on her medication list	at there was no evidence from the facility that			
		xine, as had previously			
	been taking when bei	ng seen at the hospital.			
		nospitalization also showed			I
		nosed with Parainfluenza on which was likely in the			
		y state given viral infection			
	,, ,	oidism. S/he was found to			
	be bradycardic likely a hypothyroidism. Levo	thyroxine was restarted and			
	a request for follow up	laboratory testing be done			
	-	ne levels. The resident was			
		on 12/20 and remains in and laboratory testing has			
		Thyroxine levels. Per			_
	interview with the phys				
	resident at the hospita	l, had this lack of			
	Levothyroxine continu	ed it could have been life			

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CENTERS FOR MEDICARE & MEDICAID SERVICES STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A BUILDING С B. WING 475030 12/28/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 98 STARR FARM RD **ELDERWOOD AT BURLINGTON BURLINGTON, VT 05408** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION DATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX **PREFIX** REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) F 760 Continued From page 17 F 760 threatening and quite possibly had the resident's Tag F 760 POC Accepted 1/24/23 by L.Lovell/P.Cota Thyroxine been in the therapeutic range the December hospitalization could have been avoided. Per interview on 12/27/2022 at approximately 12:15pm the acting Director of Nursing (DNS) confirmed that the resident did not receive the required dose of Levothyroxine from August 30th until s/he was readmitted to the hospital on December 19, 2022.